

# Northern Virginia Long-Term Care UPDATE

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Information and Issues from the Northern Virginia Long-Term Care Ombudsman Program

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## Required Posting of Nursing Facility Staffing By January 1, 2003

As of January 1, 2003, nursing facilities will be required to post staffing information on a daily basis for each shift.

Medicare and Medicaid regulations are amended by adding the following new paragraph:

“(8) INFORMATION ON NURSE STAFFING. –

“(A) IN GENERAL. – A (skilled - Medicare) nursing facility shall post daily for each shift the current number of licensed and unlicensed nursing staff directly responsible for resident care in the facility. The information shall be displayed in a uniform manner (as specified by the Secretary) and in a clearly visible place.

“(B) PUBLICATION OF DATA. – A (skilled – Medicare) nursing facility shall, upon request, make available to the public the nursing staff data described in subparagraph (A).”

**EFFECTIVE DATE – The amendments made by this section shall take effect on January 1, 2003.**

## Remember to Wear Your Identification Badge!

The Board of Nursing Regulation 18 VAC 90-20-35 requires that any person regulated by the Virginia Board of Nursing who provides direct patient care, shall while on duty wear identification which clearly indicates the person's name and the appropriate title for the license, certification or registration issued by the Board. An employer cannot negate or override this responsibility. *A complaint could be filed to the board office and could result in disciplinary action by the Board of Nursing.*

## Virginia Board of Nursing Disciplinary Actions Available On- Line

Disciplinary actions for licensed registered nurses, licensed practical nurses, and certified nursing assistants are available at [www.dhp.state.va.us/nursing/default.htm](http://www.dhp.state.va.us/nursing/default.htm).

## Meet Volunteer Gail Donnalley

There are a few elite volunteer ombudsmen in our program's history that have served well beyond their initial one-year commitment. In this issue we'd like to feature someone who has thrived and endured in this challenging advocacy position for over a decade. Mr. Gail Donnalley has been serving as a volunteer ombudsman at the Arleigh Burke Pavilion since the fall of 1991.

Gail is a native of Ohio who graduated from Ohio Wesleyan University with a BA in political science and history. He received a master's degree in government from George Washington University. In 1943, Gail went into the U.S Army. Then, he served in the CIA from 1949 to 1985. Gail worked in the fields of communications and data processing. Following his retirement from the federal government, Gail worked for Apple Computer.

The following is an interview with Mr. Donnalley:

**Update:** What aspects of your professional experience helped to prepare you for your ombudsman work?

**Gail Donnalley:** I managed two large components, which helped in developing communications skills and techniques. I also served on the Inspector General's staff, an experience that sharpened my communication skills and helped with the development of investigative techniques.

**Update:** What qualities and skills do you use most as a volunteer ombudsman?

**Gail:** Empathy, listening, and problem-solving.

**Update:** What are the biggest challenges of your position?

**Gail:** Maintaining effective communications with both residents and staff; resolving problems in a win/win fashion.

**Update:** What motivates you to keep visiting each week?

**Gail:** The people are so interesting and the challenges of helping them solve their diverse problems are so fascinating.

**Update:** What do you like most and least about your work?

**Gail:** The satisfaction of helping people solve their problems, closely followed by diversity of the population and their life experiences are the most interesting aspects of what I do. The least interesting is probably completing the very valid requirement for monthly reports.

**Update:** Have any of your attitudes changed as a result of your ombudsman experience?

**Gail:** No, except that my increasing number of birthdays and the inevitable loss of friends among the residents have served to sharpen my awareness that life does not go on forever.

We want to thank Gail Donnalley for his years of devotion and service!

## Volunteer Ombudsman Group Hits All-Time High!

We are very happy to announce that twenty-nine (29) new volunteers ombudsmen have joined our program to serve in area facilities. This brings the total number of active volunteers to **sixty-nine (69)**, which is an all-time high in the program's 17-year history. These folks will provide coverage in the form of weekly visits to a total of seventy-seven (77) or sixty-eight percent of the 113 licensed nursing homes and assisted living facilities in Northern Virginia. Another exciting development is that for the first time the program has two Foreign Language Specialist Ombudsmen, who will focus on visiting residents who speak only Korean.

We warmly welcome the new volunteers and express our deep appreciation to the many that are continuing on in this challenging work!



# Communication Corner

## Agitation in Older Persons with Dementia (Part II)

People with dementia are very sensitive to their environment. They are less able to handle changes, uncertainty, and other situations that they could manage when they were well. More than half of residents with some form of dementia exhibit some type of agitation.<sup>1</sup> Behavior management experts define "agitation behavior" as inappropriate verbal or motor activity."

- Non-aggressive Verbal Behavior: Incoherent babbling, screaming or repetitive questions.
- Non-aggressive Physical Behavior: Pacing, wandering, repetitive body motions, hoarding or shadowing.
- Aggressive Verbal Behavior: Cursing and abusive and abusive language.
- Aggressive Physical Behavior: Physically aggressive behavior, such as hitting, scratching, or kicking.

Environmental causes of agitation in older persons with dementia include: sensory overload- too much noise, activity, or clutter, or too many people in the environment; unfamiliar people, places, or sounds; sudden movements, startling noises; feeling lost, insecure, or forgotten; difficulty adjusting to darkness from well-lighted area and vice versa. According to researchers, more than 23 people in a group can cause undue stress.<sup>2</sup> Another interesting

finding indicates that the television, mirror image, dolls or figurines may represent extra people in the environment. While this list is not exclusive, it identifies some of the most common triggers of agitation.

The ideal environment for a person with dementia provides clear, calm, comforting structure. Routine is very important since changes in schedule or rushing can cause extreme disappointment, frustration, or fear. A physically comfortable environment is important. Some suggestions for structuring the physical and psychosocial environment include:

- providing a predictable routine for the patient; separate disruptive and noisy persons from quieter persons;
- control door access, use safety latches to prevent egress;
- provide familiar objects, such as family pictures and orienting stimuli (e.g., clock, calendar); provide bright daytime lighting;
- use a night-light in bedroom during hours of sleep.

**Ombudsman Complaint  
Investigation Log is now available  
on our web site!**

**[www.fairfaxcounty.gov/service/aa/html/Ombud\\_main.htm](http://www.fairfaxcounty.gov/service/aa/html/Ombud_main.htm)**

<sup>1</sup> <http://www.ec-online.net/Knowledge/Articles/agitation.htm>

<sup>2</sup> Ibid.

National Institute on Aging. 1999. Progress Report on Alzheimer's Disease. Silver Spring, MD: NIA.

<http://www.psychguides.com/gahe.html>

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Sixty-nine Active Volunteer Ombudsman

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**This brochure is also  
available in  
alternative formats.**



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